



Accepted. Challenged. Sent.

PO Box 355, Prospect, PA 16052

(724)865-2161

www.lutherlyn.com

MONTHLY RECURRING DONATIONS AUTHORIZATION FORM

		Effective date of authorization: ____/____/____	
Last Name		First Name	
Address			
City		State	Zip
Email Address			
Date of first donation: ____/____/____ Date of last donation (optional): ____/____/____		Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Quarterly (Jan., Apr., Jul., Oct.) Amount of each donation: \$ _____	
Please debit my donation from my: <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account <input type="checkbox"/> Credit/Debit Card			
CHECKING / SAVINGS or CREDIT / DEBIT	FOR CREDIT / DEBIT ACCOUNT TRANSACTIONS: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Name on Card: _____ Card Number: _____ Expiration Date: ____/____ Security Code: _____		FOR CHECKING / SAVINGS ACCOUNT TRANSACTIONS: Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <div style="text-align: center;"> </div>
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.		
	Authorized Signature: _____		Date: _____

Return Completed form to: Lutherlyn – PO Box 355 – Prospect, PA 16052
 Or via email to development@lutherlyn.com



A MINISTRY OF THE WESTERN PENNSYLVANIA SYNODS OF
 THE EVANGELICAL LUTHERAN CHURCH IN AMERICA

